

# eWellness Questionnaire

Helping you one question at a time!

## BRONCHITIS / COUGH

Name: First Name	MI	Last Name	Date of Birth:
			Patient Code:

Please do not select anything if the answer is no or negative.  
Select Rarely 'R' if this is an uncommon event or symptom.  
Select Frequent 'F' if this is a common event or symptom.  
Select Always 'A' if this is a persistent event or symptom. Also select 'A' for Yes

At first glance there may seem to be a lot of questions. But each of these questions were selected because of their direct or indirect relation to the symptoms mentioned.

### Section 1

1. R F A Consume breads / pastas / starches

2. R F A Cough / spit clear sputum / phlegm

### Section 2

3. R F A Smoke or use tobacco

4. R F A Drink cow's milk

### Section 3

5. R F A Watery eyes

8. R F A Ear infections

6. R F A Itchy eyes

9. R F A Tooth cavities

7. R F A Puffy eyes

10. R F A Runny nose / sneezing

### Section 4

11. R F A History of COPD / lung disease

15. R F A Wheezing with breathing

12. R F A History of chronic bronchitis

16. R F A Asthma

13. R F A Difficulty breathing deeply

17. R F A Shortness of breath

14. R F A Acute or chronic coughing

18. R F A Pain when taking a breath

### Section 5

19. R F A Cough / spit green-yellowish sputum / phlegm

20. R F A Fatigued or tired

### Section 6

21. R F A Chest pain / angina / tightness

### Section 7

22. R F A Difficulty exercising

### Section 8

23. R F A Brain fog - lack of concentration

### Section 9

24. R F A Allergies

### Section 10

25. R F A Sick more often

28. R F A Fever blisters or cold sores

26. R F A Swollen glands

29. R F A Sore Throat

27. R F A Recently taken antibiotics